

System Priority: Coordination of State and Local Public Health System Partnerships
Objective 1: Influencing Partnership Participation to Improve Health

Long-term (2010) Subcommittee Outcome Objective: By December 31, 2010, 100% of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health that support Healthiest Wisconsin 2010.

Concept: Provide incentives, including financial, for the development of creative policy making structures at the local/regional/state level which embody the principles of partnerships, eliminating health disparities, promoting and protecting health for all and transforming the public health system.

Key considerations for objectives: Partnerships & Incentives

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Department of Health and Family Services establishment of taskforce and provision of charge State staff or contract facilitator Funds to support taskforce activities and infrastructure Data to monitor progress Funds to print documents Taskforce nominations from private not-for-profit, voluntary, local and state organizations	<p>The State of Wisconsin will establish a statewide Taskforce on Partnerships whose charge will be to develop a framework for public/private health partnerships; develop a document on best practices for developing, improving and sustaining partnerships; and develop education and obtain funding for partnerships.</p> <p>The Taskforce on Partnerships will develop and publish a document on the framework for public/private health partnerships in Wisconsin.</p> <p>The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus and attempt to find Department of Health and Family Services support or legislative sponsorship.</p>	<p>Department of Health and Family Services administration</p> <p>Partners to participate in task force</p> <p>Local Health Departments as willing participants in the transformation process</p> <p>Leaders from government, the public private, non-profit, voluntary that work to improve the health of the public</p> <p>Tribes</p>	<p>By July 1, 2004, new General Purpose Revenue funding, at the level identified in the business plan, will support public/private health partnership infrastructure development.</p>		<p>By July 1, 2008, new General Purpose Revenue funding, at the level identified in the business plan, will be available to public/private health partnerships to implement evidence-based strategies to accomplish the priorities identified in <i>Healthiest Wisconsin 2010</i>.</p> <p>By July 1, 2008, new private and public resources, in addition to General Purpose Revenue will support strategies to accomplish the priorities identified in <i>Healthiest Wisconsin 2010</i>.</p> <p>By December 31, 2008, 50% of public/private health partnerships, at the state, regional and local level, will demonstrate joint decision making, sharing</p>

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<p>Training for the public health community about partnerships.</p> <p>National foundations.</p> <p>Technical assistance from Division of Public Health Regional Offices.</p>	<p>The Taskforce on Partnerships will provide a list of recommendations to the Division of Public Health identifying new ways to do business to support effective public/private health partnerships at the state, regional and local level.</p> <p>The Taskforce on Partnerships will identify a permanent structure for ongoing development and support of public/private health partner-ships.</p> <p>The Taskforce on Partnerships will develop resource list with require-ment criteria for public/private health partnerships to identify potential private funding.</p> <p>The Taskforce on Partnerships will develop funding criteria for public/private health partnerships, which will include partnership function and performance based contracting.</p>	<p>Legislators</p> <p>Department of Health and Family Services</p>			<p>of resources and the imple-mentation of <i>Healthiest Wisconsin 2010</i> strategies for their target population.</p> <p>By December 31, 2010, 100% of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health conditions that support <i>Healthiest Wisconsin 2010</i>.</p>

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Long-term (2010) Subcommittee Outcome Objective:

By December 31, 2010, 100% of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health priorities that support *Healthiest Wisconsin 2010*.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective only.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None identified			

Definitions	
Term	Definition
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups.

Rationale:

Effective partnerships are an integral component to achieve the priorities in *Healthiest Wisconsin 2010*. Partnerships are critical to eliminating health disparities, harnessing resources, and fostering an environment conducive to problem solving and participation from all Wisconsin citizens. Partnerships bring the decision-making to those most affected by it. Engaging the participation of groups not involved with Public Health in the past is a powerful way to positively affect the health culture in individual communities, as well as the state as a whole. Partnerships bring decision making to those affected by it. Through engaging and sustaining multi-system collaborative partnerships, systems are strengthened and built to address the reduction of health risk behaviors in Wisconsin.

Outcomes:

Short-term Outcome Objectives (2002-2004)

By December 31, 2002, 20% of public/private health partnerships, at the state, regional, and local level will demonstrate joint decision-making, sharing of resources, and the implementation of *Healthiest Wisconsin 2010* strategies for their target population.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- The Department of Health and Family Services will establish a taskforce and provide a charge.
- The Department of Health and Family Services will provide staff or funds to contract with a facilitator for the taskforce.
- Funds to publish and distribute documents.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Department of Health and Family Services will establish a statewide Taskforce on
- Partnerships whose charge will be to develop a framework for public/private health partnerships; develop a document on best practices for developing, improving and sustaining partnerships; develop education; and, obtain funding for partnerships.
- The Taskforce on Partnerships will develop and publish a document on the framework for public/private health partnerships in Wisconsin.
- The Taskforce on Partnerships will identify a permanent structure for ongoing development and support of public/private health partnerships.

By December 31, 2003, the Division of Public Health will require partnership participation in the planning and utilization of federal and state funds targeted to accomplishing the priorities in *Healthiest Wisconsin 2010*.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- The Division of Public Health will modify funding policies to require that community partners are involved as a stipulation for receiving grants.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Taskforce on Partnerships will provide a list of recommendations to the Division of Public Health identifying new ways to do business to support effective public/private health partnerships at the state, regional, and local level.
- The Taskforce on Partnerships will develop funding criteria for public/private health partnerships, which will include partnership function, and performance-based contracting.

By July 1, 2004, new General Purpose Revenue funding, at the level identified in the business plan, will support public/private health partnership infrastructure development.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Funds to print and distribute documents.
- Technical assistance.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus, and attempt to find Department of Health and Family Services support or legislative sponsorship.

Long-term Outcome Objectives (2008-2010)

By December 31, 2008, 50% of public/private health partnerships, at the state, regional and local level will demonstrate joint decision making, sharing of resources and the implementation of *Healthiest Wisconsin 2010* strategies for their target population.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Technical assistance from Division of Public Health Regional Offices and Central Office.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop resource list with requirement criteria for public/private health partnerships to identify potential private funding.

By July 1, 2008, new General Purpose Revenue funding, at the level identified in the business plan, will be available to public/private health partnerships to implement evidence-based strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Funds to print and distribute documents.
- Technical assistance.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus, and attempt to find Department of Health and Family Services support or legislative sponsorship.

By July 1, 2008, new private and public resources, in addition to GPR, will support strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Foundation funds.
- Untapped resources of partners.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will develop a business plan for public/private health partnership funding (to include public and private sources), gain public health community consensus and attempt to find DHFS support or legislative sponsorship.

Evaluation and Measurement:

The public health data system will provide information about public/private health partnerships and their success in changing one or more significant systems or health conditions or behaviors that support *Healthiest Wisconsin 2010*. Partnership information needed to evaluate success includes the names of the partners the focus of the partnership and progress on specific indicators they have chosen.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

Sufficient, Competent Workforce: Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

Equitable, Adequate and Stable Financing: Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships. The Taskforce on Partnerships needs to work closely with the Finance implementation team to assure transition from the task force to be linked to the permanent public health system board identified in Finance number seven.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments and others that provide information about the health of the community that is not available through statewide data sources.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law enforcement and employers may be involved in investigation; and the entire community is involved in disease prevention and control.

Educate the public about current and emerging health issues: Media, health care providers and local businesses are all examples of partners who participate in providing current health information.

Promote community partnerships to identify and solve health problems: Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

Create policies and plans that support individual and community health efforts: Community partnerships are effective in changing the health culture in a community.

Enforce laws and regulations that protect health and insure safety: Promotion of partnerships to include traditional and non-traditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

Link people to needed health services: Partnerships which reflect the diversity of Wisconsin including populations with disparate health conditions will strengthen existing systems and provide opportunities to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Partnerships can help develop and sustain needed educational and training opportunities. Partnerships,

which reflect the diversity of Wisconsin including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: State and local partnerships provide the opportunities for evaluation of current existing health services.

Conduct research to seek new insights and innovative solutions to health problems: Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

Assure access to primary health care for all: Partnerships develop and sustain the infrastructure supporting a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

Foster the understanding and promotion of social and economic conditions that support good health: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

Connections to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies. Partnerships strengthen and build the public health infrastructure, which assures the protection and promotes the health of the every community.

Eliminate health disparities: Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

Transform Wisconsin's public health system: A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments, which will provide an inclusive and responsive public health system.

Key Interventions and/or Strategies Planned:

The underpinning for success for the partnership objectives is the formation of a Taskforce on Partnerships. This is a short-term taskforce to initiate quick action, so results can follow. Strategically, it must have links and influences with the Department of Health and Family Services, and the state, regional and local partnerships. Its members are appointed by the Secretary of the Department of Health and Family Services. The taskforce (15 - 20 members) will reflect broad public and private representation including members with expertise in partnership development. The taskforce membership will reflect the diversity of Wisconsin including populations with disparate health conditions. A governing structure with clear roles for taskforce members will be identified and the taskforce will sunset upon the establishment of the public health board.

References:

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